

## The Commonwealth of Massachusetts Department of Public Safety State Boxing Commission One Ashburton Place, Room 1301

One Ashburton Place, Room 1301 Boston, Massachusetts 02108-1618 Phone (617) 727-3200 Fax (617) 727-5732 TTY (617) 727-0019

www.mass.gov/dps

## **PROPOSED FIGHT CARD**

This document must be received by the State Boxing Commission no later than ten (10) business days prior to the proposed event. Please type or print clearly. All boxers must have a Federal Identification number and Massachusetts boxer's license to be eligible to box in Massachusetts. Requests to amend the fight card must be submitted to the Commission in writing and include an explanation for the change. A minimum of 28 rounds must be scheduled in order for an event to be sanctioned.

Name of	promoter: _				
Promoter					
Name of					
Matchma					
Date of E	vent				
Location	of event:				
			MA LICENSE#/		MA LICENSE#/
# ROUNDS	WT. CLASS	NAME OF FIGHTER	FED. ID#	NAME OF FIGHTER	FED. ID#
Cb	l l'			Data:	•
Submitte	ed by:	(signature	)	Date:	
		(Signature	• /		